



DELAWARE INSURANCE DEPARTMENT
SURPLUS LINES
BINDER/POLICY NUMBER REPLACEMENT FORM

To be submitted by the
**SURPLUS LINES
BROKER**
Form SL-1908
v.08-1

THIS FORM MUST BE SUBMITTED TO THE DELAWARE INSURANCE DEPARTMENT WHEN A POLICY NUMBER BECOMES AVAILABLE FOR A REPLACEMENT PREVIOUSLY SUBMITTED WITH ONLY A BINDER OR CERTIFICATE NUMBER PER 18 Del. C., § 1908(d)

NAME OF INSURED:

(As Originally Reported)

BINDER OR CERTIFICATE NUMBER:

NEW POLICY NUMBER:

ORIGINAL POLICY TERM INFORMATION

Effective Date

MM/DD/YYYY Format

Expiration Date

MM/DD/YYYY Format

Name of SL Agency

(Type or print name of Agency)

**DE Lic # of
Agency**

Name of SL Broker

(Type or print name of Individual)

**DE Lic #
Individual**

SL Broker Signature

Date:
